

Entered – 4-9-01- sb
CL 01L0225- ALEXIS HOLMES

CLAIM OF: **PETER LITZENBERGER**
1902 Grant Lane
Woodstock, Georgia 30188

01- R-0809

For damages alleged to have been sustained as a result of pieces of broken sidewalk obstructing the road on March 26, 2001 at Moreland Avenue.

THIS ADVERSED REPORT IS APPROVED

BY: Rosalind Rubens Newell
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 01L0225

Date: 5/15/01

Claimant /Victim PETER LITZENBERGER

BY: (Atty) _____

Address: 1902 Grant Lane Woodstock Georgia 30188

Subrogation: _____ Claim for Property damage \$ 2,118.00 Bodily Injury \$ _____

Date of Notice: 4/5/01 Method: Written, proper X Improper _____

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X

Date of Occurrence 3/26/01 Place: Moreland Avenue at Little Five Points

Department Public Works Division: Street Operations

Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: The claimant alleges that he sustained vehicular damages when he drove over pieces of broken curb that was obstructing the roadway. However, an investigation determined that the broken curb in question was installed by the Georgia Department of Transportation and is their responsibility, not the responsibility of the City of Atlanta. Further, the claimant has been advised to pursue his claim with the Georgia Department of Transportation.

INVESTIGATION:

Statements: City employee _____ Claimant _____ Other X Written _____ Oral _____

Pictures X Diagrams _____ Reports: Police _____ Dept Report _____ Other _____

Traffic citations issued: City Driver _____ Claimant Driver _____

Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental _____ Ministerial _____

Improper Notice _____ More than Six Months _____ Other _____ Damages reasonable _____

City not involved X Offer rejected _____ Compromise settlement _____

Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____

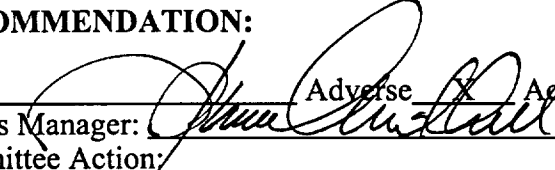
Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - ALEXIS HOLMES

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____

Claims Manager:  Concur/date 05-16-01

Committee Action: _____ Council Action _____

Holmes
04/09/01
On

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date: 4/5/01

ENTERED - 4-9-01 - SB
01L0225 - ALEXIS HOLMES

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 2,118.00 property and/or \$ N/A bodily injury for which I contend the City is liable.

1. Date of incident: 3/26/01 (month/day/year) 2. Time of Incident: 11:15 AM 3. Police called: Yes ☒ No ☐

4. Location of incident (including street address): (On Moreland Ave at Amoco station) 200 yards south of Moreland @ Little Five Points

5. Name of your insurance company: CISA Policy No. 00485 9729

6. State what and how incident occurred: South bound on Moreland Moreland 200 yards south of Little Five Points intersection. Vehicle hits approx 2-3 feet of piece of curbing in center lane. It breaks and a piece slides into my lane and I run over it.

7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: BMW 1979 (Make) (Year) (Tag Number) Peter Litzenberger (Driver's Name)

City vehicle: N/A (Make) (City Driver's Name) (Department/Bureau)

9. Witness: _____ (Name) (Address) (Telephone Number)

10. The acknowledgment of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Signature of Claimant

01-R-0809

Peter Litzenberger
(Print Claimant's Name)

1902 Grant Lane
(Address)

Woodstock Ga 30188
(City, State and Zip Code)

7793-9200 770) 591-3207
(Work Number) (Home Number)